

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/189,609	11/10/98	128	3738	98-5295

APPLICANT

J. T. LIN, WINTER SPRING, FL.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

none

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

none

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

none

FOREIGN FILING LICENSE GRANTED 11/24/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>Dr</u> Examiner's Initials	FL	3	24	3

ADDRESS

WILLIAM M HOBBY III  
157 E NEW ENGLAND AVENUE  
SUITE 375  
WINTER PARK FL 32789

TITLE

TREATMENT OF PRESBYOPIA AND OTHER EYE DISORDERS USING A DUAL-LASER  
SCANNING SYSTEM

1 per board A.

FILING FEE RECEIVED	FEEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Firm) <input type="checkbox"/> 1.17 Fees (Pr <input type="checkbox"/> 1.18 Fees (Is <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$416		

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